

CLAIMS ONLY

Application Number

10/613,952

"Filing Date"

Applicant(s)

CLAIMS	AS FILED 12/15/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep.	Depend	Indep	Depend	Indep	Depend	*		*		*		
								Indep	Depend	Indep	Depend	Indep	Depend
1	/												
2		/							/				
3									/				
4		/							/				
5		/							/				
6		/							/				
7		/							/				
8	/								/				
9		/							/				
10		/							/				
11		/							/				
12		/							/				
13		/							/				
14	/								/				
15		/							/				
16		/							/				
17	/								/				
18		/							/				
19		/							/				
20		/							/				
21		/							/				
22		/							/				
23	/								/				
24		/							/				
25		/							/				
26	/								/				
27		/							/				
28		/							/				
29	/								/				
30		/							/				
31		/							/				
32		/							/				
33		/							/				
34		/							/				
35		/							/				
36		/							/				
37		/							/				
38	/								/				
39		/							/				
40		/							/				
41		/							/				
42	/								/				
43		/							/				
44	/								/				
45		/							/				
46		/							/				
47		/							/				
48		/							/				
49		/							/				
50		/							/				
Total													
Indep													
Depend.													
Total													
Claims													

51		/											
52		/							/				
53		/							/				
54		/							/				
55	/								/				
56		/							/				
57	/								/				
58		/							/				
59		/							/				
60		/							/				
61		/							/				
62		/							/				
63		/							/				
64		/							/				
65		/							/				
66		/							/				
67		/							/				
68		/							/				
69		/							/				
70		/							/				
71		/							/				
72		/							/				
73		/							/				
74		/							/				
75		/							/				
76		/							/				
77		/							/				
78		/							/				
79		/							/				
80		/							/				
81		/							/				
82		/							/				
83		/							/				
84		/							/				
85		/							/				
86		/							/				
87		/							/				
88		/							/				
89		/							/				
90		/							/				
91		/							/				
92		/							/				
93		/							/				
94		/							/				
95		/							/				
96		/							/				
97		/							/				
98		/							/				
99		/							/				
100		/							/				
Total													
Indep													
Total													
Depend													
Total													
Claims													